

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023223

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

471

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 11 1963

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Columbia

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

University Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Georgia

b. COUNTY

Upson

c. CITY
OR
TOWN

Thomaston

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

227 D Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Suzanne

Middle

Phillips

Last

4. DATE
OF
DEATH

Month

Day

Year

7

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐

Widowed ☐

Never Married ☒

Divorced ☐

8. DATE OF BIRTH

8-4-60

9. AGE (last birthday)

2

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Griffin, Georgia

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Todd V. Phillips

13b. MOTHER'S MAIDEN NAME

Sylvia A. Alexander

14. NAME OF HUSBAND OR WIFE

Child

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records University of Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory arrest

DUE TO (b)

cardiac edema

DUE TO (c)

cardiac contusion

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture of left femur

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Frontal skull + cerebral contusion from back injury

20c. TIME OF INJURY

Hour

Month, Day, Year

about 8:00 a.m. July 4, 1963

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

Highway 40 Collins, Missouri

COUNTY

STATE

21. I attended the deceased from 7/4/63 to 7/7/63 and last saw him alive on 7/7/63. Death occurred at 7/7/63 10:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Carlisle C. W. Kamm, M.D.

22b. ADDRESS

33 West Olive

22c. DATE SIGNED

7/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7/9/1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Junction City, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

July 8, 1963

26. REGISTRAR'S SIGNATURE

Mrs. R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

2-2850-1A11

JUL 23 1963

AUG 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard A. Reeves

Licensed Embalmer No.

5109

P. O. Address

Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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0-8